



WILL COUNTY, ILLINOIS

EMERGENCY MANAGEMENT AGENCY

JENNIFER BERTINO-TARRANT
WILL COUNTY EXECUTIVE

ALLISON ANDERSON
DIRECTOR

P. 815-740-8351
E. ema@willcountyillinois.com

Will County Office Building
302 N. Chicago Street
Joliet, IL 60432

Dear Resident,

Will County Emergency Management is currently updating its Access and Functional Needs database. According to our records, someone in your household has previously indicated that there is a access or functional need that may require assistance from first responders in case of a disaster.

While providing this information doesn't guarantee immediate services, it helps responders understand the specific needs of our community before, during, and after a disaster, allowing them to better assist individuals those in need.

If you would like to continue being listed in this database, please take a moment to update the enclosed form. If more than one member of your household requires assistance, kindly fill out a separate form for each individual.

If you require any assistance in completing the form, don't hesitate to contact our office, the Will County Center for Community Concerns at 815-722-0722 Ext. 2240 or <https://wcccc.net/contact/>. or Disability Resource Center at 815-729-0162 or drcjoliet.org.

If you wish to be removed from the database, please indicate so by checking the box below.

Thank you for your cooperation and helping us ensure the safety and well-being of our community.

No one in your household needs to be included in the Access and Functional Needs Registry.

First and Last Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ ZIP Code: _____



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Access and Functional Needs Registry

Registrant

- I am completing this for myself?
- I am completing this on behalf of an individual

Relationship to Individual _____

First and Last Name: _____

Date of Birth: _____

Primary Language Spoken: _____

Other Languages: _____

Address: _____

Apt #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Living

Please check the correct answers that describes your current living situation:

- House
- Apartment
- Mobile Home
- Assisted Living
- Condo

I live:

- Alone
- With my spouse
- With my caregiver
- With a relative/child(ren)

Functional Needs

Please check what applies to you:

- | | |
|---|--|
| <input type="checkbox"/> Mobility/Physical | <input type="checkbox"/> Low Vision |
| <input type="checkbox"/> Intellectual or developmental | <input type="checkbox"/> Memory loss |
| <input type="checkbox"/> Sensory | <input type="checkbox"/> Dementia or Alzheimer's |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Speech-related |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Hard of Hearing | |
| <input type="checkbox"/> I have another functional need (please describe) | |

Medical

Please check what applies to you:

- | | |
|--|--|
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Urinary catheter |
| <input type="checkbox"/> Ventilator/respirator | <input type="checkbox"/> Colostomy/Ileostomy |
| <input type="checkbox"/> Suction machine | <input type="checkbox"/> Dialysis |
| <input type="checkbox"/> Tracheostomy tube | <input type="checkbox"/> Pregnant |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> I take pill medication |
| <input type="checkbox"/> Seizure/epilepsy | <input type="checkbox"/> I'm on intravenous medication
(Port, Central Line) |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> I have medication allergies |
| <input type="checkbox"/> Feeding tube | <input type="checkbox"/> I have environmental allergies |
| <input type="checkbox"/> Currently receiving
Chemotherapy/Radiation | <input type="checkbox"/> Dietary restrictions |
| <input type="checkbox"/> Weight over 350lbs | |
| <input type="checkbox"/> Other (please describe) | |

Support

Please check what applies to you:

- Personal assistance with activities of daily living (bathing, changing, toileting)
- Assistance with transfer or Use of lift device for transfer
- Walker/Cane
- Manual wheelchair or Electric powered wheelchair or scooter
- Prosthetic limb(s)
- American Sign Language interpreter (ASL)
- Spanish Sign Language (LSE)
- Use of language interpreter
- Communication device
- Hearing aids
- Service animal: Name _____ Type of animal _____
- Shelter for my pet: How many _____ Type of pet _____
- Other support services:

Access

Please check what applies to you:

- I do not have a vehicle
- I need a wheelchair-lift vehicle
- I can transfer from a wheelchair/scooter to a vehicle seat
- I am bedridden and need stretcher transport
- Other (please describe)

Emergency Contact

First and Last Name: _____

Relationship to Applicant: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Additional Information

When you sign up for this registry, your name and information will be added to a contact list.

However, it's important to understand some disclaimers:

1. This registry should not be your only plan for evacuation. You should always have your own plan to evacuate with neighbors, friends, or family in case of an emergency.
2. Being on this list does not guarantee that first responders will contact you during a disaster or evacuation. You should not wait for them to come and assist you.
3. The Access and Functional Needs Registry is designed to inform first responders of your location and the fact that you may need help if you are in the evacuation area.

By signing up for this registry, you are giving permission to the Will County Emergency Management Agency to share your information with first responder agencies.

It's your responsibility to update the information on this form every year. You can mail or email the completed form to us.

Email To:
ema@willcountyillinois.com

Mail To:
Will County Emergency
Management Agency
302 N Chicago Street
Joliet, IL 60432

Signature of Individual/Primary Caregiver/Responsible Party:

_____ Date: _____

This form can also be completed on our website at:
www.willcountyema.org/afn and smartphone/tablet via the Ready
Will County App.

If you require any assistance in completing the form, don't
hesitate to contact our office or the Will County Center for
Community Concerns at 815-722-0722 Ext. 2240 or Disability
Resource Center at 815-729-0162.